

## Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula

### Physician Quality Reporting System Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information	Billing Information		
<b>Step 1 Is patient eligible for this measure?</b>			
<b>Yes</b>	<b>No</b>		
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Code Required on Claim Form</b>
Patient has a diagnosis of chronic kidney disease (stage 4 or 5) or end stage renal disease.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.  Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
There is a CPT Code for surgical placement of hemodialysis access.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a G-code.			
<b>Step 2 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
<b>Autogenous AV Fistula</b>	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
Performed	<input type="checkbox"/>	<input type="checkbox"/>	G8530
Not performed for the following reason: • Documented reasons (eg, patient was not an eligible candidate for autogenous AV fistula)	<input type="checkbox"/>	<input type="checkbox"/>	G8531
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report G8532 (Clinician documented that patient received vascular access other than autogenous AV fistula, reason not specified.)